APPLICATION FORM FOR A COPY OF THE CERTIFICATE GRANTED TO VACCINATOR.

(To be submitted to the Superintendent, Vaccine Institute, Bangalore, Through the President of Local Body the applicant is serving under if employed or direct if unemployed.)

1. Name of Vaccinator.
2. Caste. Age. Place of birth.
3. Range.
4. Taluk.
5. District.
6. Total service as Vaccinator.
7. When trained in the Vaccine Institute, Bangalore ?
8. Number and date of original certificate.
9. Circumstances under which the original was lost and purpose for which a copy is required now.
10. Evidence furnished as to his identity with the person to whom the original certificate was granted (see note 2).
11. Particulars of enclosures, if any.

Signature of the applicant.

Note.—1. No application will be considered unless all the particulars called for are furnished and is accompanied by either a challan for having credited the fee of Re. 1 in any Government Treasury under "XVIII Public Health, 3. Other Receipts" or a receipt granted by this office for its payment in cash.

2. Evidence expected is any one of the following :—

(*a*) Certificate from the official superior that he is identical with the person whose particulars are furnished in items No. 7 and 8.

or (*b*) A sworn declaration to that effect before a Magistrate.

or (*c*) Two copies of a photograph of the applicant in ½ plate size.

(The following memo is to be scored out when submitted direct by an unemployed applicant.)

Memo No. Transmitted to the Superintendent, Vaccine Institute, Bangalore, for disposal.

Place.....

Date..... Signature and Designation of the applicant's Official Superior.